

JC886 U.S. PTO
07/20/00

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07-21-00 A

PTO/SB/05 (12/97)

Approved for use through 09/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR
1.53(b))

| | | | |
|--|-----------|---------------|----|
| Attorney Docket No. | GEMS:0085 | Total Pages | 67 |
| First Named Inventor or Application Identifier James F. Kohli | | | |
| Express Mail Label No. | | EL432942899US | |

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07/20/00

| APPLICATION ELEMENTS | | ADDRESS TO: | |
|---|--|---|--|
| See MPEP chapter 600 concerning utility patent application contents. | | Assistant Commissioner for Patents Box Patent Application Washington, DC 20231 | |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i> | | 6. <input type="checkbox"/> Microfiche Computer Program (Appendix) | |
| 2. <input checked="" type="checkbox"/> Specification Total Pages <u>31</u> <u>32</u> <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> -Descriptive -Cross References to Related Application -Statement Regarding Fed sponsored R & D -Reference to Microfiche Appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings <i>(if filed)</i> -Detailed Description -Claim(s) -Abstract of the Disclosure | | 7. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy <i>(identical to computer copy)</i> c. <input type="checkbox"/> Statement verifying identity of above copies | |
| 3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) Total Sheets <u>20</u> Total Pages <u>60</u> | | ACCOMPANYING APPLICATION PARTS | |
| 4. Oath or Declaration <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed <i>(original or copy)</i> b. <input type="checkbox"/> Copy from a prior application (37CFR 1.63(d)) <ul style="list-style-type: none"> <i>(for continuation/divisional with Box 17 completed)</i> <i>[Note Box 5 below]</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). | | 8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) | |
| | | 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(where there is an assignee)</i> | |
| 5. <input type="checkbox"/> Incorporation By Reference <i>(useable if Box 4b is checked)</i> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. | | 10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> | |
| | | 11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations | |
| | | 12. <input type="checkbox"/> Preliminary Amendment | |
| | | 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) | |
| | | 14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application Statement(s) Status still proper and desired | |
| | | 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> | |
| | | 16. <input type="checkbox"/> Other | |
| 17. <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional | | <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ / _____ | |

18. CORRESPONDENCE ADDRESS

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| <input type="checkbox"/> Customer Number or Bar Code Label | | <input checked="" type="checkbox"/> Correspondence address below | |
| (Insert Customer No. or Attach bar code label here) | | | |
| NAME | Patrick S. Yoder Fletcher, Yoder & Van Someren | | |
| ADDRESS | P.O. Box 692289 | | |
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| COUNTRY | USA | TELEPHONE | (281) 970-4545 Fax (281) 970-4503 |

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FEE TRANSMITTAL

| | | | |
|-------------------------|---------------|--------------------------|----------------|
| | | Complete if Known | |
| | | Application Number | unassigned |
| | | Filing Date | Herewith |
| | | First Named Inventor | James F. Kohli |
| | | Group Art Unit | unknown |
| | | Examiner Name | unknown |
| TOTAL AMOUNT OF PAYMENT | (\$ 1,176.00) | Attorney Docket Number | GEMS:0085 |

| METHOD OF PAYMENT (check one) | | | FEES CALCULATION (continued) | | |
|---|--|--------------|-------------------------------------|---|---|
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: | | | 3. ADDITIONAL FEES | | |
| Deposit Account Number | <u>07-0845/GEMS:0085/YOD</u> | | Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description |
| Deposit Account Name | GE Medical Systems | | 105 | 130 | Surcharge - late filing fee or oath |
| <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 | <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.31(b) | | 127 | 50 | Surcharge - late provisional filing or cover sheet. |
| 2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other | | | 139 | 130 | Non-English specification |
| FEES CALCULATION (fees effective 10/01/96) | | | | | |
| 1. FILING FEE | | | | | |
| Large Entity | | Small Entity | | | |
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | Fee Paid |
| 101 | 690 | 201 | 395 | Utility filing fee | <u>690.00</u> |
| 106 | 330 | 206 | 165 | Design filing fee | — |
| 107 | 540 | 207 | 270 | Plant filing fee | — |
| 108 | 790 | 208 | 395 | Reissue filing fee | — |
| 114 | 150 | 214 | 75 | Provisional filing fee | — |
| SUBTOTAL (1) | | | (\$ 690.00) | | |
| 2. CLAIMS | | | | | |
| | | Extra | Fee from below | Fee Paid | |
| Total Claims | <u>34</u> - <u>20</u> = | <u>14</u> | X <u>18</u> = | <u>252.00</u> | |
| Independent Claims | <u>6</u> - <u>3</u> = | <u>3</u> | X <u>78</u> = | <u>234.00</u> | |
| Multiple Dependent Claims | | — | X — = | — | |
| Large Entity | | Small Entity | | | |
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | |
| 103 | 18 | 203 | 11 | Claims in excess of 20 | |
| 102 | 78 | 202 | 41 | Independent claims in excess of 3 | |
| 104 | 270 | 204 | 135 | Multiple dependent claim | |
| 109 | 82 | 209 | 41 | Reissue independent claims over original patent | |
| 110 | 22 | 210 | 11 | Reissue claims in excess of 20 and over original patent | |
| SUBTOTAL (2) | | | (\$ 1,176.00) | | |
| * Reduced by Basic Filing Fee Paid | | | | | |

| | | | | | |
|-----------------------|--|--|--------------------------|-------------------|-----------------------|
| SUBMITTED BY | | | Complete (if applicable) | | |
| Typed or Printed Name | Patrick S. Yoder | | Reg. Number | 37,479 | |
| Signature |  | | Date | July 20, 2000 | Deposit Acct. User ID |
| | | | | 07-0845/GEMS:0085 | |